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## PHS Mission to Goma, Zaire

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Captain Callaghan was Team Leader of UNICEF, Goma. She is Director of Nursing of the Public Health Service's Indian Health Service Hospital in Santa Fe, NM. Captain Immerman, Interna-

tional Health Officer in the Office of International Health, Public Health Service, made a site visit to Goma, Zaire, September 29 to October 13, 1994. His photographs accompany the article.

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**T**HE OVERWHELMING PHYSICAL and emotional needs of refugee Rwandan children brought a 14-member Public Health Service (PHS) team to Goma, Zaire. There approximately 10,000 children without relatives were living in tents under spartan conditions. They suffered from malnutrition, tuberculosis, scabies, lice, worms, ear infections, malaria, meningitis, and viral encephalitis. The physical and emotional hardships they had endured in Rwanda and during the flight into Zaire had caused deep emotional scars.

In response to a request for assistance from the United Nations Children's Fund (UNICEF), the PHS Commissioned Corps officers were sent to Goma on September 7, 1994, for 6 weeks to work with the children and their caretakers.

### Background

After the death of the Hutu presidents of Rwanda and Burundi in a suspicious plane crash on April 6, 1994, intense fighting erupted in Rwanda between Hutu militia and Tutsi rebel forces. After nearly 3 months of armed conflict, approximately 1.2 million refugees, mostly Hutus, fled Rwanda across the border into Goma, where they were provided sanctuary in large camps overseen by the United Nations High Commissioner for Refugees (UNHCR).

In mid-August, Mrs. Tipper Gore, wife of the Vice President, returned from Goma where she had visited many UNICEF centers caring for approximately 10,000 unaccompanied Rwandan children. Most of these children are believed to be orphans.

Subsequent to Mrs. Gore's return, the PHS Office of International Health was contacted by an assistant to James Grant, UNICEF's Executive Director, regarding Mrs. Gore's concerns about the unaccompanied children. Discussions led to an agreement between UNICEF and PHS. PHS agreed to deploy 14 officers to Goma to supervise and train the nationals whom UNICEF had identified as caretakers of the unaccompanied children.

The 14 officers—13 nurses and 1 nutritionist—

were selected from several PHS agencies. (Team members are listed in the box on page 000.) They departed for Zaire following an orientation in which the Secretary of Health and Human Services, Dr. Donna Shalala, participated.

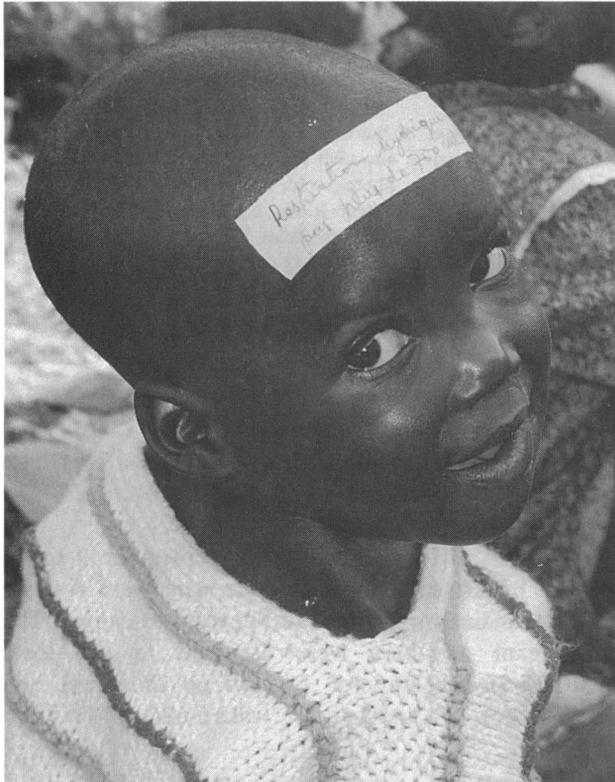
The team arrived in Goma on September 9 to be greeted by armed Zairian soldiers who were responsible for maintaining order in the refugee camps. The PHS team members were assigned to the local UNICEF Health Director, Dr. Filippo Chiabrera, and carried out a variety of tasks under UNICEF auspices.

### Conditions in the Camps

The refugees were living in a number of camps in Goma and its environs. Conditions in the camps were extremely harsh. Many were sited on the lava flow of a volcano, and erecting shelters and digging latrines in the rocky terrain was very difficult. Food and water were scarce, and cholera and dysentery broke out, leaving more children parentless. Also it is believed that many parents sent their children to the camps run by relief organizations because they could not provide for them.

The children, ranging in age from newborns to 15 years, were sheltered in 21 centers; their numbers varied from a low of 50 to more than 1,400 per location. The sites differed in area, availability of professional and support personnel, financial resources, health status of the children, and activities for them. The 150 nationals caring for the unaccompanied children were dispersed among the centers.

Each camp or center had its unique administrative structure and most depended on non-governmental organizations (NGOs). In the refugee camps, NGOs distributed food, blankets, and tents. They cared for the sick and established hospitals such as the facilities of Medecins Sans Frontieres and Medecins du Monde, and they dug latrines and provided potable water. In Goma, there were more than 50 NGOs



*Instructions for feeding young Gaspar, who was malnourished, are taped to his forehead. Children were named by the people who found them.*

which often led to difficulty in coordinating activities between UNHCR, UNICEF, and the NGOs.

Security in Goma and the surrounding area was tense, and it was not uncommon for UNHCR to place Goma or any of the camps off limits until the safety of the expatriates could be assured. The team's movements were occasionally restricted because traveling through Goma to other camps could be dangerous.

On one occasion, Rwandan militia attempted to establish local control of Katale, one of the adult camps. Because Katale is 40 miles north of Goma, the two PHS officers who were in the camp were beyond the range of radio communication, and they were not aware of the deteriorating security within the camp. The Chief of Security for UNICEF drove to Katale and, after locating the two officers, returned them to Goma in a caravan with other NGO vehicles that were fleeing the adult center.

### **Varied Assignments**

The PHS officers worked in a number of camps and took on a variety of assignments during their 6-week stay. These ranged from assessing the needs at the various camps to doing epidemiologic surveys

to dealing with an outbreak of suspected meningitis. There were six teams of two nurses each that visited the camps on a regular basis. For their camp surveys, they developed an assessment tool, used during their frequent visits, to keep Dr. Chiabrera informed of the status of health care resources and other concerns at the centers. Their recommendations were used to determine the teaching and medical needs of the camps' populations.

As part of their teaching activities, the nurses showed how play therapy could help the children. Using the meager resources at hand, they taught the youngsters games and songs, turned plastic bags into balls, made checkers out of bottle caps, and did pole dancing—activities to increase interaction between the children and the health care workers.

Team members provided direct medical care at each visit to the centers. They used the "Clinical Guidelines Diagnostic and Treatment Manual" of Medecins Sans Frontieres to treat common ailments such as diarrhea, malnutrition, fever, infected wounds, worms, and dehydration. Medications were obtained through UNICEF, utilizing the World Health Organization (WHO) Emergency Health Kit, and some children were referred to NGO medical units. The nurse practitioner team members, drawing on their clinical skills and expertise, also treated adults for conditions such as back pain, urinary tract infections, sprains, and eye infections.

There was a need to procure equipment such as stethoscopes, otoscopes, syringes, feeding tubes, and bandages, as well as medications. The shortages of equipment proved to be both a logistic and procurement challenge because more than 20 NGOs were also attempting to obtain the same items through an overtaxed supply system. Many items were not available and had to be ordered from other countries or medications and supplies had to be substituted or improvised. Local NGOs also traded items or services to obtain needed items. It was truly a cooperative venture.

### **Rescue Work**

The PHS officers found themselves helping out in unexpected emergencies. Lt. Comdr. Ellen King, on her way back to the hotel in Goma with a fever, headache, stiff neck, and myalgia, was stopped and told to return to Magunga because a woman there was in labor and needed tertiary level care in a hospital. The woman had already borne twin A but was experiencing malpresentation with twin B. So much attention was devoted to twin B that no one was caring for twin A who was cyanotic, motionless,

and only partly covered by a thin cotton cloth. Although she spoke no French, Swahili, or Kinrwandan, Lieutenant Commander King managed to convey the need for blankets to warm the baby.

The mother was experiencing so much pain that she could not attempt to bond with the newborn. Lieutenant Commander King hugged the infant to her febrile body to keep it warm, monitored the baby's breathing, and provided stimulus by gently plucking the soles of the tiny feet. The newborn was ultimately delivered to the hospital alive and alert.

Another rescue occurred on October 8, a cold rainy day. Capt. Mary Dodson, Capt. Bruce Immerman, Lt. Comdr. Monique Petrofsky, and Comdr. Jacquelyn Polder were returning from Katale, 40 miles north of Goma, when Petrofsky noticed a young man staggering along the road. Team members had been cautioned not to render assistance at the site of an accident because other persons who had been involved in an accident or who had volunteered help had been harmed by violent mobs. Despite this admonition, Petrofsky persuaded the driver to stop, and the officers sprinted the quarter mile to where the youth had been spotted.

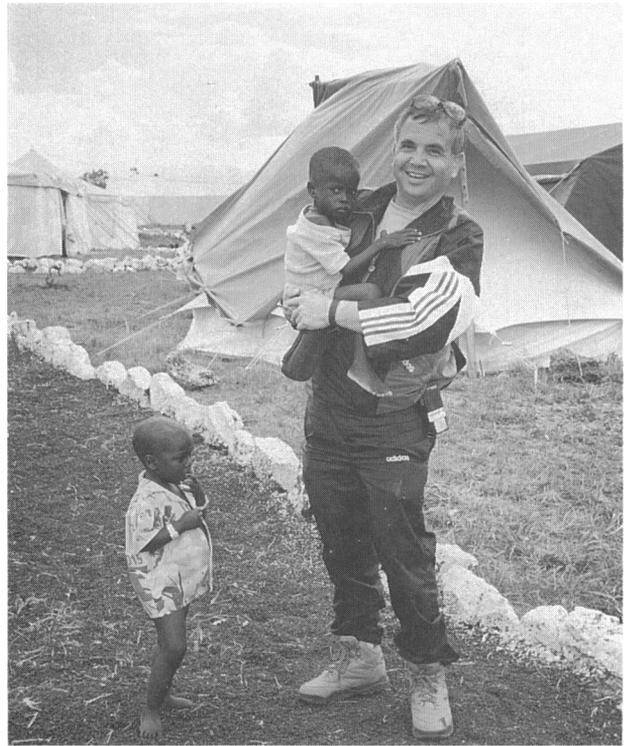
He was bleeding profusely from the right side of his face, shivering from the cold, and appeared to be malnourished. Captain Immerman gave the boy his warmup jacket and then flagged down an ambulance while the other team members ministered to the youth. It took several minutes to prevail on the ambulance driver to take the injured boy to the hospital, but he finally agreed.

Later in the week, the team members visited the boy in the hospital where he was using Immerman's warmup jacket as a pillow. They learned that the boy was a 15-year-old orphan who had been struck by an automobile. The nameless boy, through an interpreter, told the team members he would never forget them.

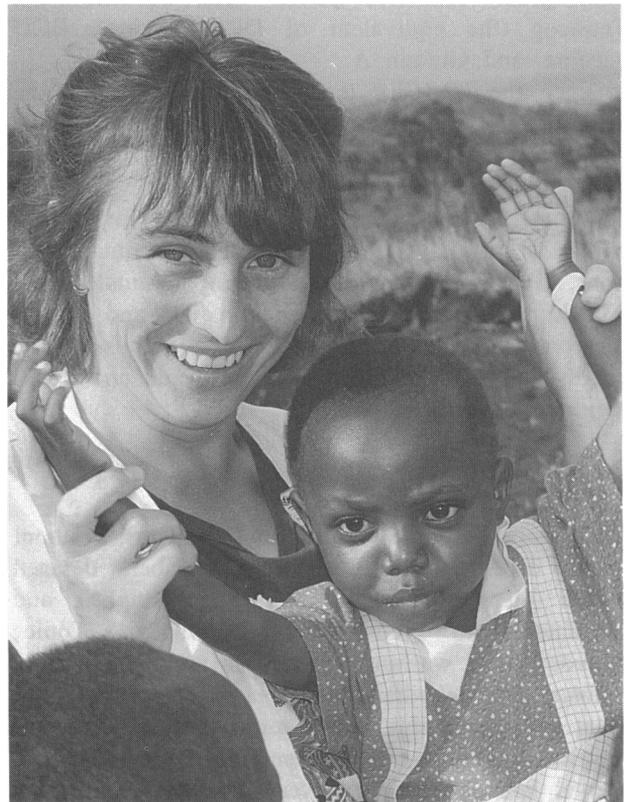
## Immunizations

Comdr. Robert G. Toomey, Comdr. Andrew C. Stevermer, and Petrofsky volunteered to go to Bucavu to do EPI prospective surveys to prepare for the later visits of the immunization teams. During the week that they spent in Bucavu, they surveyed 32 sites to determine the level of immunized children. Although their primary purpose was to prepare for the immunization teams, they also provided direct medical care and assessed the availability of potable water, food, sanitation, and shelter in the camps.

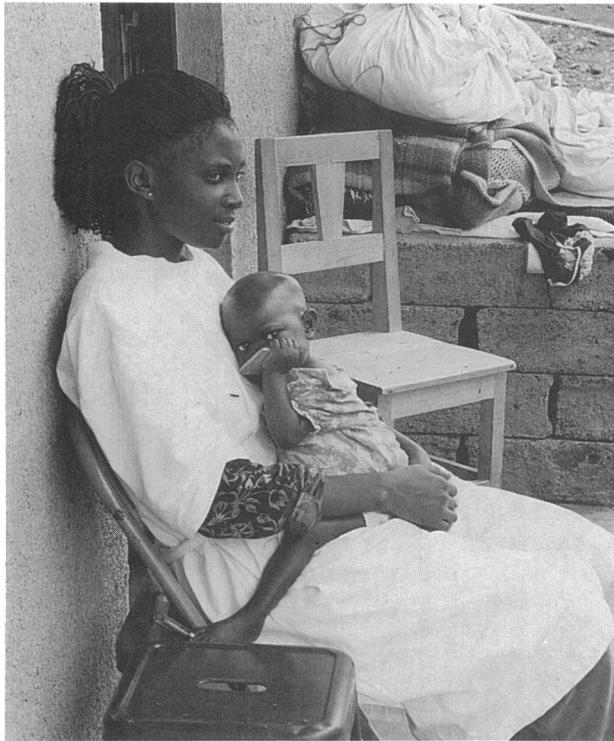
Petrofsky, Polder, and Dodson were assigned to the EPI UNICEF/Health Department of Goma. They were responsible for immunizing the children of Goma as



***Capt. Bruce Immerman holds a small boy. The children craved the reassurance of human contact.***



***At Buhimba, Lt. Barbara Bolton holds an unaccompanied child. The nurses showed how play therapy could help children.***



*Rwandan nurses were hired by UNICEF to look after the infants.*

well as those in 23 UNICEF camps and centers for meningitis, measles, polio, and administering Tetracog (the equivalent of DPT vaccine), BCG vaccine, and vitamin A.

Since the UNICEF team had already begun the program, PHS team members served to oversee its administrative component as well as to complete prospective studies within the camps. This task was complicated, because many NGOs had immunized children, but they had not recorded the immunizations. Backtracking what had been administered to the children was an immense logistical and administrative problem. Because of the PHS team's efforts, however, procedural changes were made and documentation became a reality.

### **Health Education Classes**

To teach both the children and the workers about health care practices, the team members devised lesson plans that were written in English and translated into French and Kinrwandan. Topics included hand washing, prevention and treatment of scabies, oral rehydration in treating diarrhea, treatment of pneumonia, and demonstration of chest physical therapy, and assessment of treatment for mental health conditions. Response to these classes was enthusiastic and the nurses observed improvements in practice among both children and workers.

### **Identification of Unaccompanied Children**

Nurses were assigned to the UNICEF/Kodak Portrait program, an innovative effort to trace unaccompanied children. Each child was photographed and data about the child were put in a reference code. In a predominantly illiterate population such as Rwanda's, photographs help family members searching for their children. While assisting with this project, the team identified the children's medical and mental health needs.

### **Mental Health Activities**

Capt. James C. McCann developed a psycho-social assessment tool to identify traumatized children. It was translated into French and Kinrwandan, and the tool was shared with many of the care givers at the children's centers. Special classes were held at the centers to explain the tool, although some sessions were canceled because of security problems. In addition, he developed specific treatment guidelines for working with traumatized children who were withdrawn or aggressive. Special classes were held at centers but, again, some were canceled because of security problems.

At Mugunga, a large camp for adult refugees, a foster care program was established. The program was sponsored by Food for the Hungry International. It focused on placing children with widows and families in the camps rather than on establishing additional camps for unaccompanied children. Psychological guidelines applicable to developing an effective foster care program were formulated.

Captain McCann attended special mental health meetings held at the UNHCR office. Tools and guidelines he developed were shared with all agencies, and they were readily accepted. McCann also participated in coordinating teaching/consultative activities with Ms. Marie de la Soudiere, a UNICEF employee responsible for the mental health needs of the unaccompanied children.

Captain McCann was also available to team members for individual counselling, and he conducted nightly meetings where the group shared their experiences and concerns of each day.

### **Nutrition Assessments**

Food was rationed and limited to basic carbohydrates—rice, corn, sorghum, and beans. Nutritional assessments were undertaken primarily by the team's nutritionist, Lt. Comdr. Denise Whisler. Consultation included assessments of nutrition serv-

## Members of the Public Health Service UNICEF-Goma Team

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Capt. Martina P. Callaghan  
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Area Office  
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Capt. Mary M. Dodson  
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Capt. James C. McCann  
Health Resources and Services  
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Lt. Comdr. Brenda J. Murray  
Indian Health Service Hospital  
Sante Fe, NM

Lt. Comdr. Monique V. Petrofsky  
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Comdr. Andrew C. Stevermer  
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Comdr. Robert G. Toomey  
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Comdr. Jacquelyn A. Polder  
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Capt. Jaloo I. Zelonis  
Indian Health Service  
Area Office  
Billings, MT

ices at centers, ordering of equipment, and training, and advice to UNICEF and other NGOs regarding nutritional needs.

### Fatal Illnesses

While team members were providing care at Buhimba, a hospital referral site for children established by Medecins du Monde, six children died of suspected meningitis in one day. A team member cared for the severely ill children who, despite this attention, died. Other children continued to exhibit similar symptoms, and since there were no laboratories to test specimens, treatment was provided solely on the basis of symptoms.

In coordination with Medecins du Monde and Dr. Chiabrera, a PHS epidemiologic team was organized because of this outbreak. The epidemiologic team was formed to investigate the occurrence and to attempt to identify a potential cause while searching for additional cases. After nearly 2 days the team believed that the deaths were attributable not only to meningitis but to viral encephalitis and to malnutrition.

The importance of the epidemiologic investigation was that it increased awareness of the potential for an

outbreak of meningitis and encouraged efforts to vaccinate against this disease. The team's efforts also allayed fears of a widespread outbreak of meningitis.

### Conclusion

Team members worked long, strenuous hours, endured physical exhaustion, emotional pain, threats to their security, environmental hazards, and separation from their families. All this was done with extreme compassion for human life, in a disaster of unbelievable magnitude.

Lieutenant Commander King summed up her impressions of the Rwanda children in these words:

“By age 3 or 5, the average unaccompanied Rwanda child had seen and experienced more pain and loss than the average adult in other cultures. Yet, once you got beyond their poverty, language, and environmental differences, their inner strength, hope, and will to live came through.

“Although medicine played a major role in curing disease and controlling epidemics, what these children craved—and got—was the reassurance of human contact. Holding, stroking, hugging, and smiles were their real lifelines.”